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1644 JB

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0 031

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TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	09/640,041
Filing Date	August 15, 2000
First Named Inventor	W. Michael Kavanaugh
Group Art Unit	1644
Examiner Name	Michail A. Belyavskiy
Attorney Docket No.	59516-135/PP-01615.002

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below): _____ _____ _____
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Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Jane E. R. Potter	27476
Signature		
Date	November 25, 2003	

CERTIFICATE OF FACSIMILE TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date specified below.		
Typed or printed name	Jessica Gaunt	
Signature		Date: November 25, 2003

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PTO SB/17 (10-03)
DEC 01 2003
PATENT & TRADEMARK

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2004 <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/640,041
		Filing Date	August 15, 2000
		First Named Inventor	W. Michael Kavanaugh
		Examiner Name	Michail A. Belyavskiy
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1644
TOTAL AMOUNT OF PAYMENT (\$) 420		Attorney Docket No.	59516-135/PP-01615.002

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small	
Deposit Account Number: 04-0258		Fee Code	Fee (\$)
Deposit Account Name: Davis Wright Tremaine LLP		2051	65
The Commissioner is authorized to: (check all that apply)		2052	25
<input checked="" type="checkbox"/> Charge fee(s) indicated below		1053	130
<input checked="" type="checkbox"/> Credit any overpayments		1812	2,520
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application		1804	920*
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		1805	1,840*
<input checked="" type="checkbox"/> Charge any deficiencies		1251	110
to the above-identified deposit account.		1252	420
		1253	950
		1254	1,480
		1255	2,010
		1401	330
		1402	330
		1403	290
		1451	1,510
		1452	110
		1453	1,330
		1501	1,330
		1502	480
		1503	640
		1460	130
		1807	50
		1806	180
		8021	40
		1809	770
		1810	770
		1801	770
		1802	900
		Other fee (specify) _____	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$) 420	

1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code	Fee (\$)
1001	770
1002	340
1003	530
1004	770
1005	160
2001	385
2002	170
2003	265
2004	385
2005	80
SUBTOTAL (1) (\$) 0	

2. EXTRA CLAIM FEES	
Total Claims	- 20** =
Independent Claims	- 3** =
Multiple Dependent	
Large Entity	Small Entity
Fee Code	Fee (\$)
1202	18
1201	86
1203	290
1204	86
1205	18
2202	9
2201	43
2203	145
2204	43
2205	9
SUBTOTAL (2) (\$) 0	

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		(Complete if applicable)	
Name (Print Type)	Jane E. R. Potter	Registration No. (Attorney/Agent)	33,332
Signature		Telephone	206-628-7650
		Date	November 25, 2003

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